

RECEIPT OF HUMAN RESOURCES MANUAL EMPLOYEE ACKNOWLEDGEMENT FORM

Human Resources Policies and Procedures Manual Edition Date: 05-01-2018

This Human Resources Manual is provided to you as an employee of the City of Albany to allow you to familiarize yourself with important information about the human resources policies of the City of Albany, Georgia. You should consult your supervisor or the Office of Human Resources if you have questions that are not answered in this manual.

I understand that I became an employee at the City of Albany, voluntarily. I understand and acknowledge that there is no specific length to my employment at the City of Albany and that my employment is "at will". I understand and acknowledge that "at will" means:

1. Employment is for no particular duration or rate of pay or number of hours per week;
2. I may terminate my employment at any time, with or without advance notice; and
3. The City of Albany may terminate my employment at any time, with or without cause or advance notice.

I understand and acknowledge that:

- The information in this manual represents guidelines only;
- There may be changes to the information, policies, and benefits in the manual;
- The only policy that the City will not change or cancel is its employment-at-will policy;
- The City may add new policies (whether or not described in this manual) as well as modify, replace, suspend, or cancel existing policies at any time;
- The City may require and/or increase or decrease contributions toward various benefit programs.

I understand and acknowledge that this manual is not a contract of employment, neither express nor implied, between myself and the City of Albany; nor is this manual a legally binding document. Only the City Commission of the City of Albany can enter into an employment contract, and such contracts must be in formal, written format and signed by both the Director of Human Resources, City Manager and the City Commission.

I have been provided access to the manual and I understand that it is my responsibility to read and follow the policies contained in this manual and all changes that may be made to it.

Employee's Name (PRINTED): _____

Employee's Signature: _____ Date: _____